



Strategies for Prevention
and Treatment

The Opioid Impact

Opioid overdose deaths resulting from opioid misuse is a growing national epidemic and public health emergency. Addiction, overdose, and deaths involving non-medical prescription drug use, and illicit drug use, have risen dramatically:

- From 2014 to 2015, drug overdose deaths increased by 5,349 (11.4%), signifying a continuing trend observed since 1999.¹
- Opioids—prescription and illicit—are the main driver of drug overdose deaths. Opioids were involved in 33,091 deaths in 2015, and opioid overdoses have quadrupled since 1999.¹
- For drug overdose deaths involving natural and semisynthetic opioid analgesics, which include drugs such as oxycodone and hydrocodone, the percentage decreased from 29% in 2010 to 24% in 2015.² Deaths from drug overdose involving heroin tripled from 8% in 2010 to 25% in 2015.³
- The rate of babies born with Neonatal Abstinence Syndrome (NAS) increased five-fold 2000- 2012.^{4,5}

OPIOID FAST FACTS

11.4%

increase in deaths
from drug overdose
from 2014-2015.

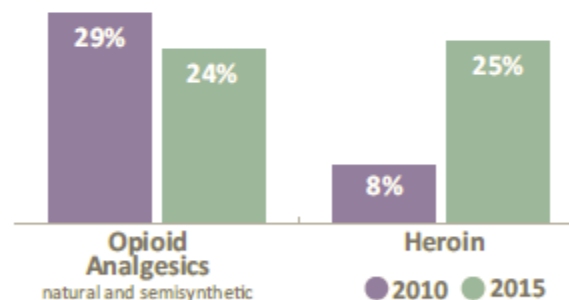


33,091

deaths in 2015 where
opioids were involved.



Drug overdose deaths involving
opioids versus heroin.



5x

increase of babies born
with Neonatal Abstinence
Syndrome (NAS)

¹“Drug Overdose Death Data.” Centers for Disease Control and Prevention, 16 Dec, 2016: <https://www.cdc.gov/drugoverdose/data/statedeaths.html>. Accessed 6 Sept. 2017.

²⁻³“Drug Overdose Deaths in the United States, 1999–2015”, Center for Disease Control and Prevention, 24 Feb. 2017. <https://www.cdc.gov/nchs/products/databriefs/db273.htm>. Accessed 6 Sept. 2017.

⁴Stephen W. Patrick, MD, MPH, MS; Robert E. Schumacher, MD; Brian D. Benneyworth, MD, MS; et al. “Neonatal Abstinence Syndrome and Associated Health Care Expenditures United States, 2000-2009.” JAMA. 2012; 307(18):1934-40.

⁵Patrick SW, Davis MM, Lehmann CU, et al. Increasing incidence and geographic distribution of neonatal abstinence syndrome: United States 2009 to 2012. J Perinatol. 2015 Aug; 35(8):650-5.

The Opioid Impact in Iowa

- From the CDC:
 - A 7% increase in drug overdose deaths between January of 2016 and January of 2017.
 - 87 of the 324 deaths are attributed to “natural or synthetic opioids”
 - This in part has to do with the increase in use of opioids like Fentanyl

Selected Jurisdictions	Drug overdose deaths		
	Number of deaths for 12 month-ending		
	Jan-2016	Jan-2017	% Change
US Total	52,898	64,070	21
22 Reporting Jurisdictions	21,061	26,841	27
Alaska	126	126	0
Arkansas	378	382	1
Colorado	913	970	6
Delaware	181	309	71
Florida	3,324	5,167	55
Georgia	1,299	1,366	5
Illinois	1,893	2,518	33
Indiana	1,228	1,566	28
Iowa	303	324	7
Kentucky	1,253	1,480	18
Louisiana	890	1,015	14
Maine	270	359	33
Maryland	1,303	2,171	67
Minnesota	607	655	8
Missouri	1,096	1,384	26
Nebraska	122	112	-8
New York City	987	1,478	50

Drug Type	United States		Iowa	
	Jan-16		Jan-17	
	Jan-16	Jan-17	Jan-16	Jan-17
Heroin (T40.1)	13,219	15,446	40	52
Natural and semi-synthetic opioids (T40.2)	12,726	14,427	76	87
Methadone (T40.3)	3,276	3,314	22	15
Synthetic opioids excluding methadone (T40.4)	9,945	20,145	47	61
Cocaine (T40.5)	6,986	10,619	17	18
Psychostimulants with abuse potential (T43.6)	5,922	7,663	61	81
Quality: % of overdose deaths with drug(s) specified	83%	85%	90%	93%

Our Commitment

We are committed to taking a leadership role in addressing the national opioid epidemic:

- We aim to reduce the amount of opioids dispensed among their members **by 35 percent** from historic peak levels by the end of 2019.
- We will **double the number** of consumers who receive behavioral health services as part of medication-assisted therapy (MAT) for opioid addiction.
- We are **committed to supporting providers** in their care of our members; recognizing the importance of patient engagement, and prescribing practices that balance treating chronic pain while minimizing risks for misuse and diversion.



What We're Doing Today

Anthem's strategy to combating opioid misuse



- ✓ Prevention
- ✓ Treatment and Recovery
- ✓ Deterrence



We are expanding and refining a comprehensive suite of services to address the rising rate of substance use disorders across the country.



Our Opioid Strategy:



Prescription opioid management

- Promoting coordination of care and ensuring appropriate medication access:
- Limiting, initial prescriptions for short-acting opioids
- Requiring prior authorization for all long-acting opioids
- Covering MAT for members
- Introduced a Pharmacy Home program
- Controlled Substance Use Monitoring Program



Prevention



Early identification, treatment and recovery

- Minimize risks and enable earlier identification:
 - Care Management support
- Improving MAT access in rural areas through PCP recruitment
- Peer recovery support services
- Expanded care and treatment options through telehealth
- Provider and Vendor collaboration



Treatment and Recovery



Address chronic pain management

- Provide access to additional evidence based tools:
 - Access to online consumer tools, such as mobile apps, decision-support tools, and support groups
 - Offer a variety of coverage for non-pharmacologic approaches to pain management including:
 - Physical Therapy
 - Osteopathic Manipulation
 - Pain management programs
 - Cognitive behavioral therapy



Preventing fraud, diversion, and abuse

- Leverage data mining and analytic capabilities:
 - Review of high volume pharmacies
 - Partner with law enforcement to monitor claims for potential fraudulent or abusive behavior
 - Monitoring potential “doctor shopping”
 - Investigating “pill mills”
 - Provider Education



Deterrence

Our Impact

Anthem, Inc. reaches goal two years early for health plans to reduce opioids filled at pharmacy by 30 percent

INDIANAPOLIS—Aug. 22, 2017— Anthem, Inc. is committed to supporting policy changes that help reduce, prevent and deter opioid use disorder, as well as those that help consumers better access treatment. As part of that commitment, its affiliated health plans just reached the company's collective goal of reducing prescribed opioids filled at pharmacies by 30 percent during the past five years.

The health plans were some of the first to limit coverage for short-acting opioid coverage to seven days for all individual, employer-sponsored and Medicaid members beginning new opioid prescriptions. The policy does not apply to those who have cancer or sickle cell anemia or those who are receiving palliative care.

The goal was originally expected to be achieved by 2019. The primary reason for the quantity limits was to prevent accidental addiction and opioid use disorder, and to ensure clinically appropriate use consistent with Centers for Disease Control guidelines.

“Anthem believes all insurers have a responsibility to do what we can to address this health epidemic and we are committed to making a significant difference to our health plan members.

- Dr. Sherry Dubester, Anthem, Inc. vice president, behavioral health

Through our health plans
Anthem protects
1 in 8 Americans
from opioid addiction.



“Anthem believes all insurers have a responsibility to do what we can to address this health epidemic, and we are committed to making a significant difference to our health plan members,” said Dr. Sherry Dubester, Anthem vice president of behavioral health, who leads the companywide effort to impact the opioid epidemic. “We believe these changes in pharmacy policy, complemented by a broad set of strategies addressing the opioid epidemic, will help prevent, reduce and more effectively treat opioid use disorder among our members.”

Evidence of Success

Anthem reaches goal of reducing prescribed opioids filled at pharmacies by 30 percent

For all individual, employer-sponsored and Medicaid members beginning new opioid prescriptions:

- ✓ Limiting coverage for short-acting opioid coverage to seven days,
- ✓ Pre-authorization requirement for long-acting opioids

A few of our Medicaid plans have showed

- ✓ 29 percent reduction in Virginia,
- ✓ 22 percent reduction in Maryland,
- ✓ 11 percent reduction in Iowa

Some of our employer-sponsored and individual plans decreased opioids by

- ✓ 23 percent in Nevada
- ✓ 17 percent in Connecticut, and
- ✓ 17 percent in Wisconsin.

These reductions translate to thousands less pills dispensed each day.

